File Number:	
84~5860	
For the reporting period ended December 31.2001	



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB AP			
OMB Number.	3235-0337		
Expires:	July 31, 2003		
Estimated average burden			
hours per full response 6.00			
Estimated average burden			
hours per interm	ediate		
response			
Estimated average burden			
hours per minim	um		
response			

	Washin	gton, D.C. 20549	hours per minimum response
	FO	RM TA-2	
			•
R	FORM FOR REPORTING AC EGISTERED PURSUANT TO SECTION 17		<del>-</del>
	CONSTITUTE F	MISSTATEMENTS OR EDERAL CRIMINAL V I and 15 U.S.C. 78ff(a)	
	Full name of Registrant as stated in Question 3 of Form (Do not use Form TA-2 to change name or address.)	n TA-1.	Z 2002
S	Seligman New Economies Fund, Inc.		10 005 EEEE 1000
2. a	<ul> <li>During the reporting period, has the Registrant enga (Check appropriate box.)</li> </ul>	aged a service company to perf	orm any of its transfer agent functions?
	⊠ ΛII ☐ Some	☐ None	and the second s
b	o. If the answer to subsection (a) is all or some, pr company(ies) engaged:	ovide the name(s) and transf	er agent file number(s) of all service
	Name of Transfer Agent(s):	·	File No. (beginning with 84- or 85-):
	Seligman Data Corp. PFPC		84-1895 84-1761
			PROCESSED
			JUL 1 0 2002
			THOMSON FINANCIAL
c	During the reporting period, has the Registrant been transfer agent functions?	n engaged as a service compan	y by a named transfer agent to perform
	☐ Yes	X No	
đ	<ol> <li>If the answer to subsection (c) is yes, provide the na Registrant has been engaged as a service company t complete and attach the Supplement to Form TA-2.</li> </ol>	o perform transfer agent funct	
	Name of Transfer Agent(s):		File No. (beginning with 84- or 85-):
EC :	2113 (12-00)	MA .	

э.	<b>a.</b>	Federal De	or of the Curre posit Insuranc overnors of the and Exchange	ncy e Corp e Fede	oratio	on eserve Syste		x only	•,			
	b.	During the rep					ded Form TA-l omplete, or mis					which
			amendment(s) to file amendm able	ient(s)								
	c.	If the answer to	o subsection (t	o) is no	o, pro	vide an exp	lanation:					
		If	the response	to an	y of	questions	: 4-11 below	is no	ne or zer	o, enter "O.	"	
4.	Nu	mber of items re	ceived for trai	ısfer d	uring	the reporti	ng period:	••••	************			
5.	а.	Total number of System (DRS),										<del></del>
	b.	Number of indi										
	c.	Number of indi	vidual securit	yholde	τ DRS	S accounts a	as of December	31:				
	ď.	Approximate p December 31:	ercentage of i	ndivid	ual se	cwityholde	er accounts from	m sub	section (a)	in the follow	wing categories	as of
		Corporate	Corporate			pen-End	Limited		Municip		Other	7
		Equity Securities	Debt Securities		C	vestment Company ecurities	Partnersh Securitie	•	Secur	ities	Securities	
6.	Nu	mber of securities	es issues for w	hich R	egistr	ant acted in	the following	capaci	ties, as of	December 31	:	_
						porate urities	Open-End Investment Company	Par	imited tnership ecurities	Municipal Debt Securities	Other Securities	
			<b>.</b>	Equi	ity	Debt	Securities					
-	a	Receives items and maintains t securityholder i	he master		•							
	b.	Receives items but does not ma	for transfer									7
		master security										_
	c.	Does not receiv										
		master security									1	

/-		Number of issues for which dividend reinvestment plan and/or direct purchase plan
`.		services were provided, as of December 31:
		Number of issues for which DRS services were provided, as of December 31:
	С.	Dividend disbursement and interest paying agent activities conducted during the reporting period:
		i. number of issues
		ii. amount (in dollars)
8.	a.	Number and aggregate market value of securities aged record differences, existing for more than 30 days, as of December 31:
		Prior Current
		Transfer Agent(s) Transfer Agent
		(If applicable)
		i. Number of issues
		ii. Market value (in dollars)
		in Market Value (in dollars)
	b.	Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (including the SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2):
	c.	During the reporting period, did the Registrant file all quarterly reports regarding buy-ins with its ARA (including the SEC) required by Rule 17Ad-11(c)(2)?
		Yes No
9.	a.	During the reporting period, has the Registrant always been in compliance with the turnaround time for routine items as set forth in Rule 17Ad-2?
		☐ Yes ☐ No
		If the answer to subsection (a) is no, complete subsections (i) through (ii).
		i. Provide the number of months during the reporting period in which the Registrant was not in
		compliance with the turnaround time for routine items according to Rule 17Ad-2.
		ii. Provide the number of written notices Registrant filed during the reporting period with the
		SEC and with its ARA that reported its noncompliance with turnaround time for routine
		items according to Rule 17Ad-2.
10.		mber of open-end investment company securities purchases and redemptions (transactions) excluding dividend, interest distribution postings, and address changes processed during the reporting period:  Total number of transactions processed:
	b.	Number of transactions processed on a date other than date of receipt of order (as ofs):

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
	<u> </u>	<u> </u>

b.	Number of lost securityholder accounts that have been remitted to states during the
	reporting period:

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title: Assistant Secretary
BAS	Telephone number: (212) 850-1613
Name of Official responsible for Form: (First name, Middle name, Last name)	Date signed (Month/Day/Year):
Brian D. Simon	March 25, 2002

ile Number	Supplement to Form TA-2			
or the reporting period anded December 31,	Full Name of Registrant			
e this schedule to provide the gaged as a service company to	name(s) and file number(s) of the named transfer agent functions:	fer agent(s) for which the Registrant has been		
Name(s):		File No. (beginning with 84- or 85-		